

The Facts About Disparities In Healthcare

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Points of Emphasis

- Health outcomes differ among various ethnic groups based on a number of health indicators
- Numerous factors contribute to these differences in health outcomes
- Discrimination affects minorities

Concept:

Race Matters

- Health outcomes tend to be different among different racial/ethnic groups
- Outcomes are often more severe among minority/under-represented groups
- Reasons are multi-factorial
- Discrimination plays a significant role

Civil Rights Act

Title VI Section 601 July 2 1964

- “No person in the United States shall, on the ground of race, color, or national origin shall be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Definition:

- “**Disparities in healthcare** are racial or ethnic differences in the quality of health care that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.” Nelson, Institute of Medicine report, 2002

Interest in Health Disparities:

- DHHS
- Healthy People 2010
- NIH Strategic Planning
- National Center on Minority Health and Health Disparities, NIH
- IOM Report

Flawed Terminology

- Racial delineations belie the wide diversity that exists within groups
- Racial/ethnic categories represent self identity, shaped by: family, cultural, regional and societal traditions, that correlate with physical features
- There has been a paucity of race-related research
- “Race is not rocket science...it is harder than rocket science” Christopher Edley, 2001

A long list of potential groups to consider

- Race
- Ethnicity
- Economic
- Cultural
- Gender
- Sexual orientation
- Age
- Habitus
- Religious
- Geographic
- Belief system
- Psychiatric
- Lifestyle

Comparing Minority Health Indicators

- Mortality
- Prenatal care
- Self-reported health
- Insurance status
- No usual health source
- Lack of recent health visits
- Asthma
- overweight

Factors that contribute to disparate outcomes

- Biological/Genetic
- Societal
- Behavioral
- Environmental

Institutional, Environmental, Social Influences:

- Acculturation
- SES
- Neighborhood
- Occupational exposures
- Access to healthcare
- Quality of healthcare
- Racism and Discrimination

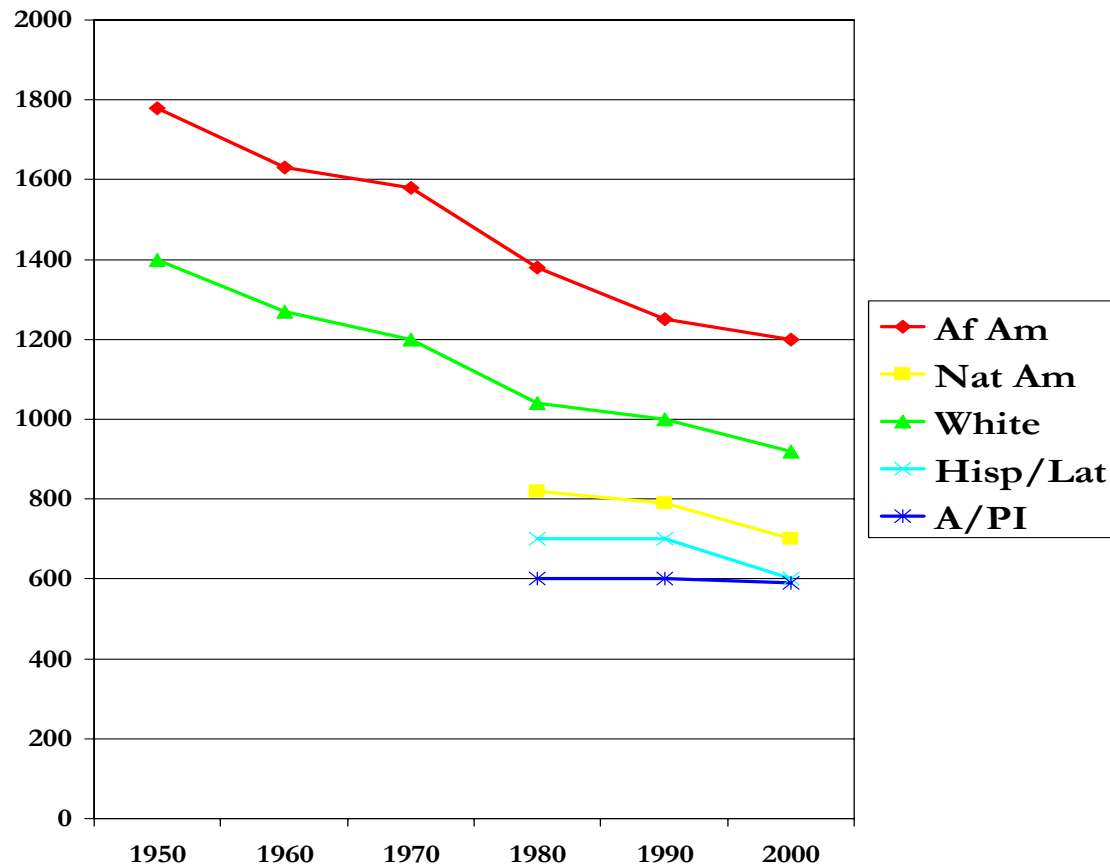
Leading Causes of Death 25-44,

National Vital Statistics Report, Volume 50, Number 16, September 2002

Rank	White	Hisp/lat	Af Am	A/PI	Nat/Am
1	Accidents	Accidents	HIV	Cancer	Accidents
2	Cancer	Cancer	Heart dis.	Accidents	Liver dis.
3	Heart dis.	Homicide	Accidents	Heart dis.	Heart dis.
4	Suicide	HIV	Cancer	Suicide	Suicide
5	HIV	Heart dis.	Homicide	Homicide	Cancer

Death Rates: Age-adjusted, 2000

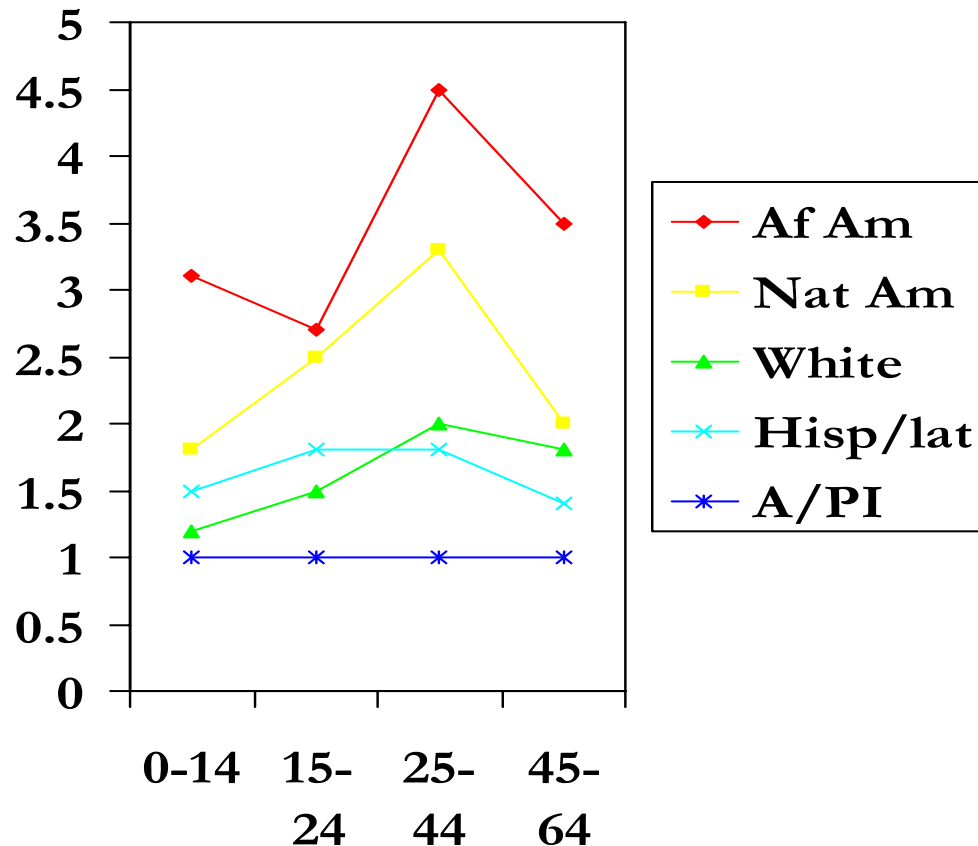
National Center for Health Statistics, 2001



- Age-adjusted death rates in the US over 50 years
- Deaths per 100,000 population

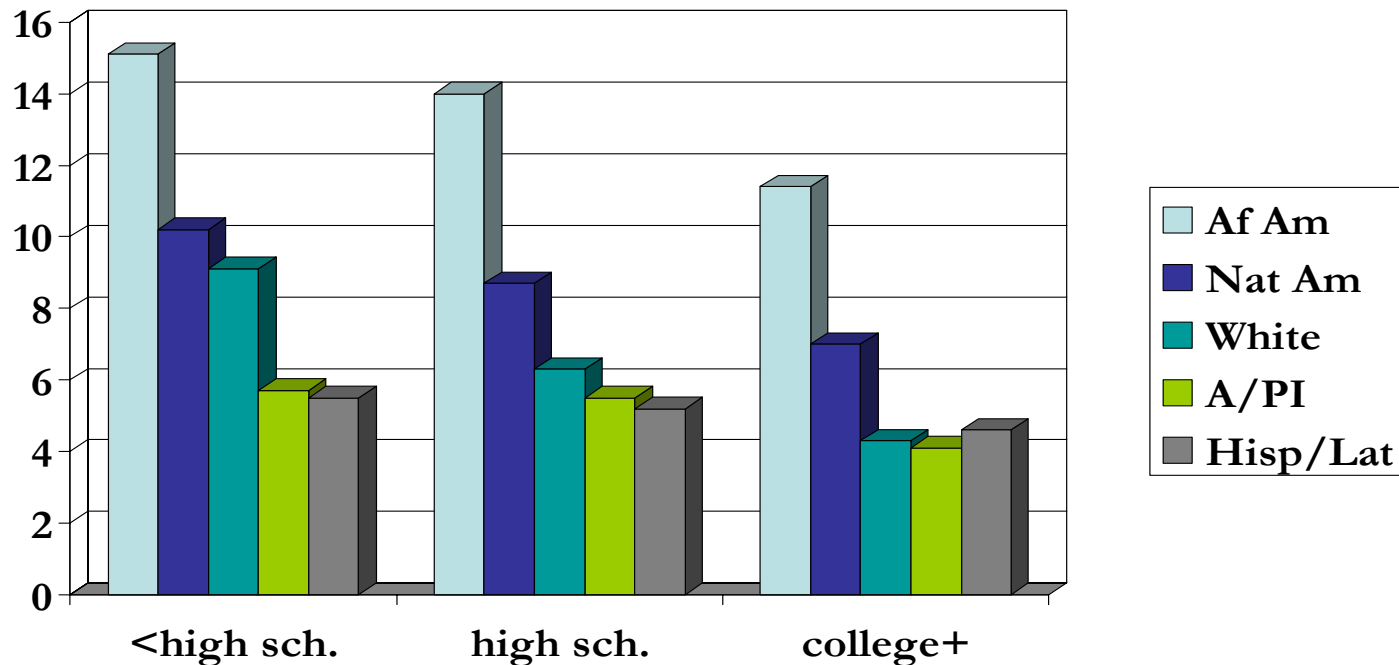
Overall Mortality, 2000

groups compared to Asian/Pacific Islanders
National Vital Statistics Report, Volume 50, Number 15, September 2002



- On average, mortality is higher at each age for African Americans and Native Americans
- Significant heterogeneity occurs among subpopulations of Asian/Pacific Islanders (vietnamese and Hawaiians are considerably higher)

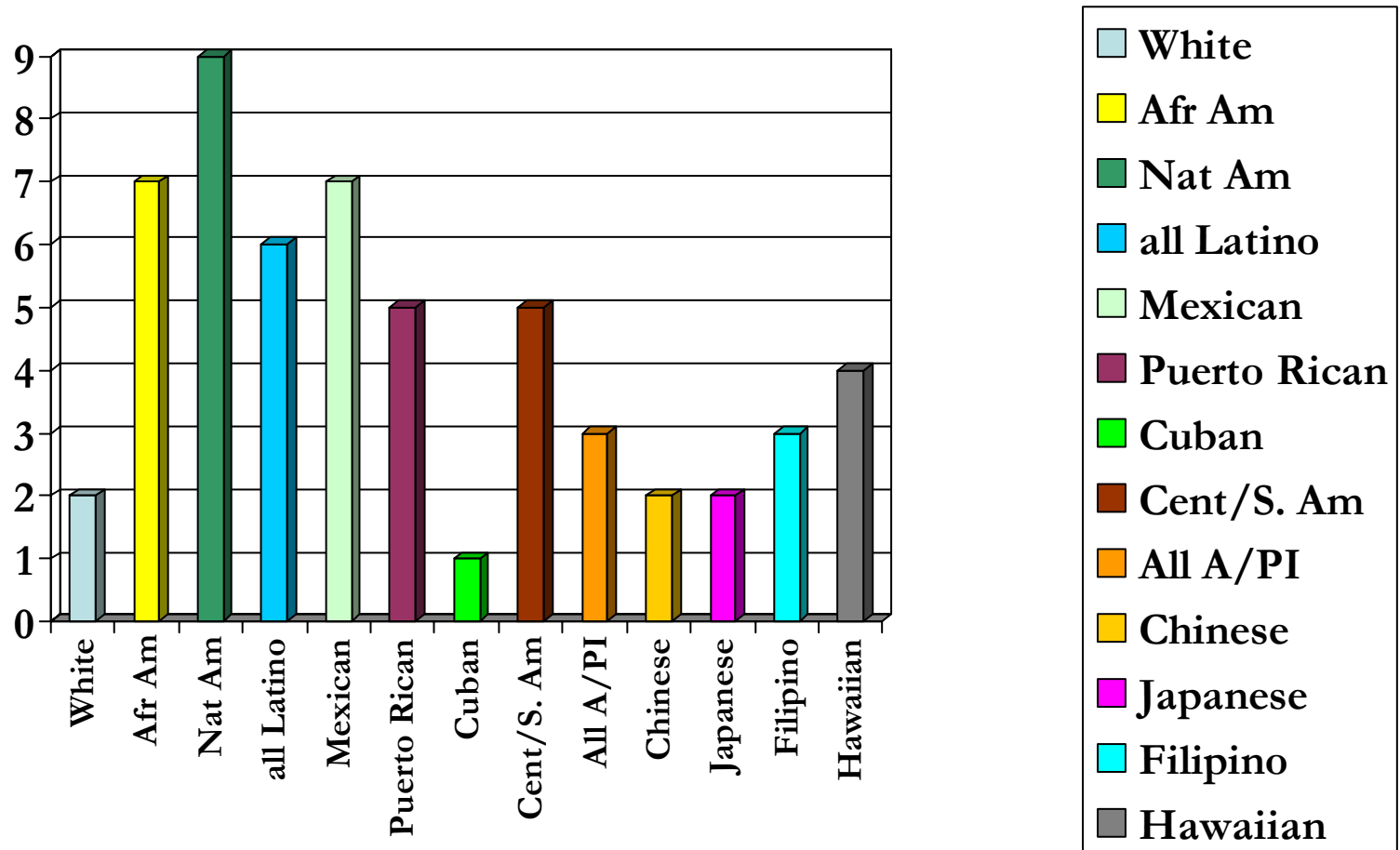
Infant Mortality



- Differences are not explained by SES as measured by maternal education level 1998-2000
- National Center for Health Statistics, National linked birth/infant death data, 2002

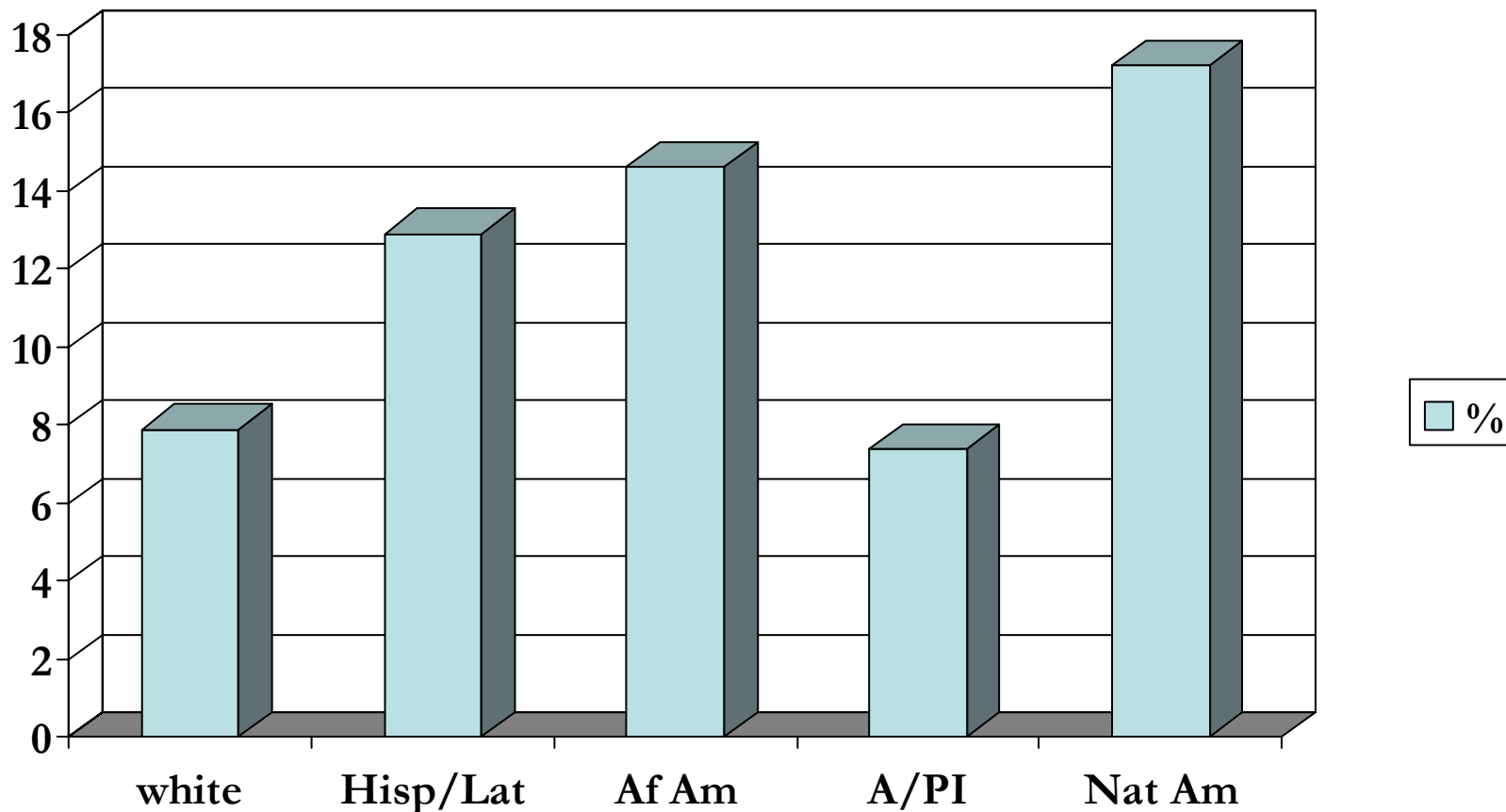
Late or no prenatal care

National Vital Statistics Systems, 2002



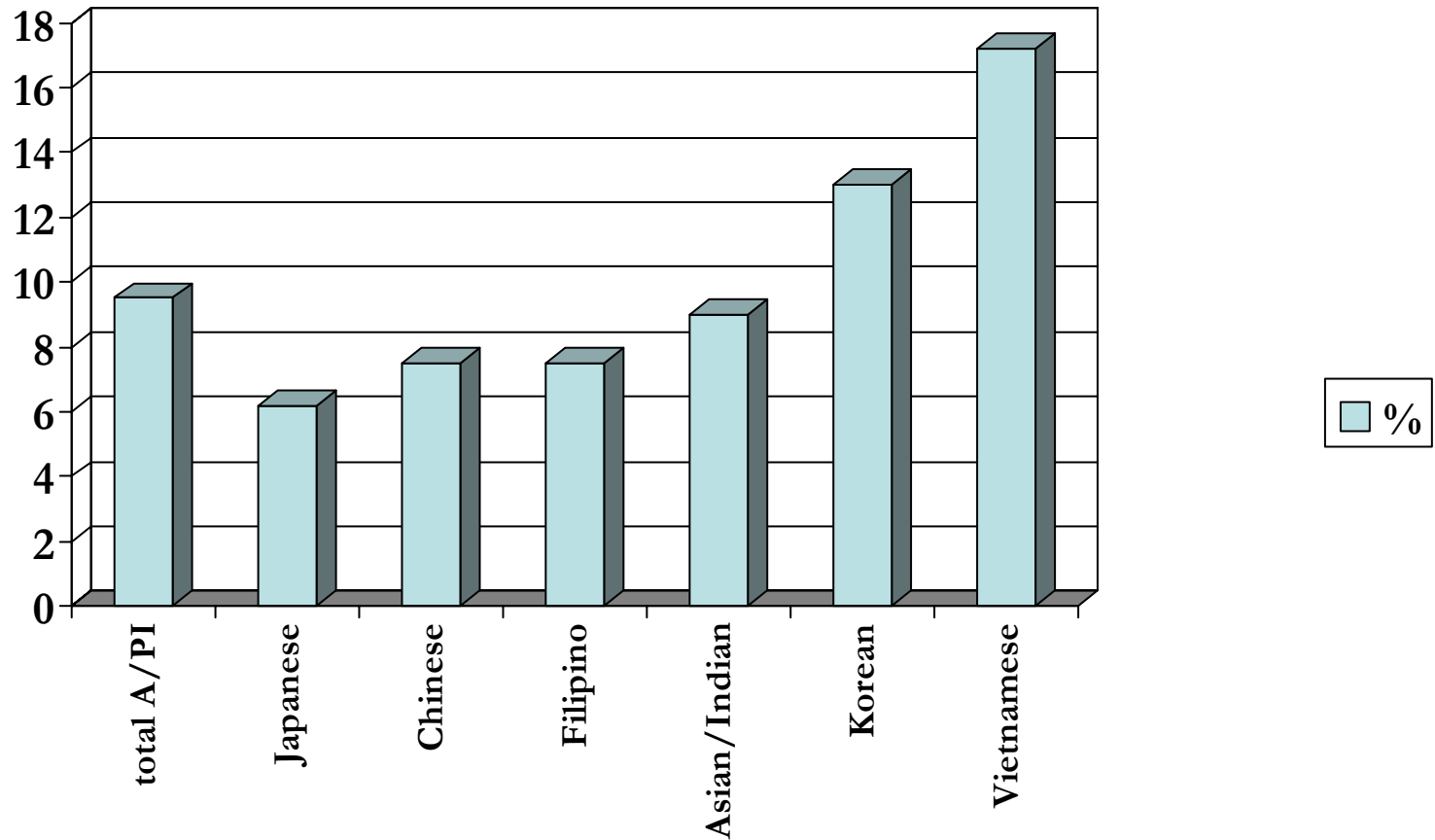
Self-reported fair to poor health 2000

National Health Interview Survey, 2000



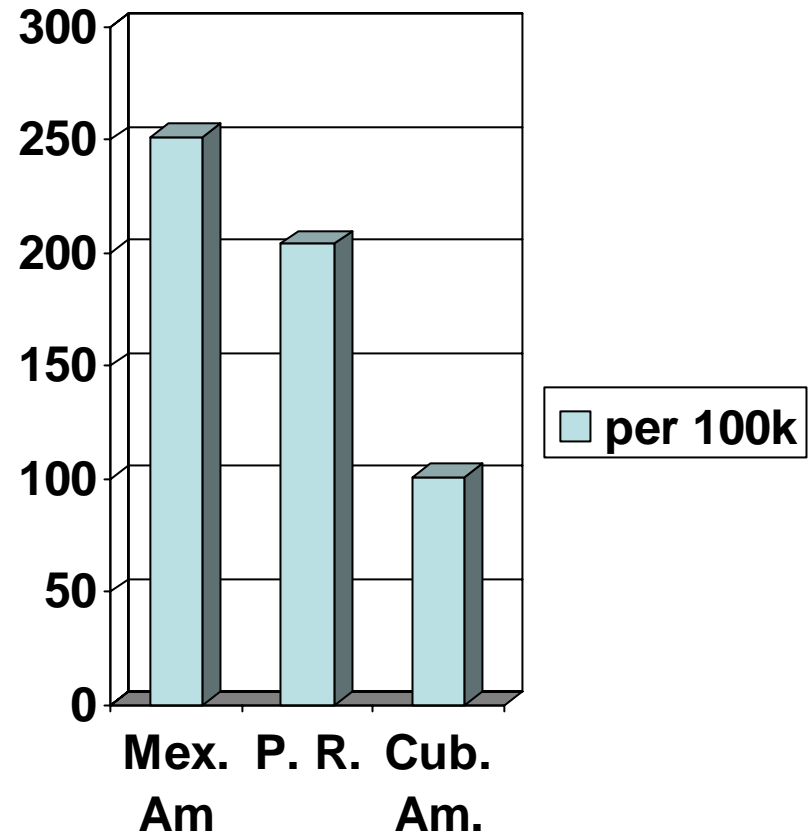
Self Reported Fair to Poor Health

National Health Interview Survey, 1994



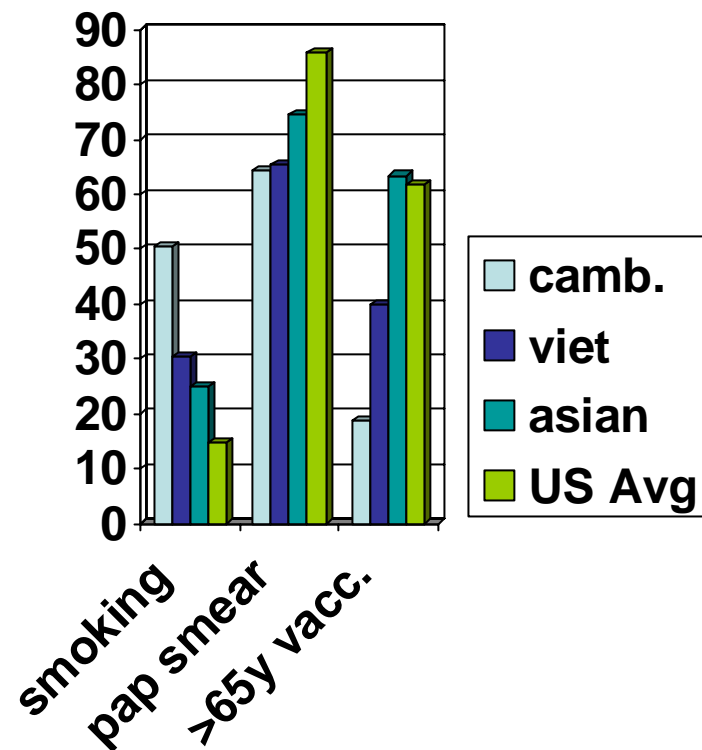
Diabetes Related Mortality Among mexican Am. Puerto Rican, Cuban Am. In the US

- Smith CA, December 2005
- 5th leading cause of death in all Hispanics
- Mortality per 100k population for >35 year olds



Differences in health among subpopulations of Asian Americans

- MMWR Aug 27, 2004
- Surveyed
 - 1026 Cambodians
 - 2658 Vietnamese
 - 5183 Asian American
 - 246025 gen. US pop.

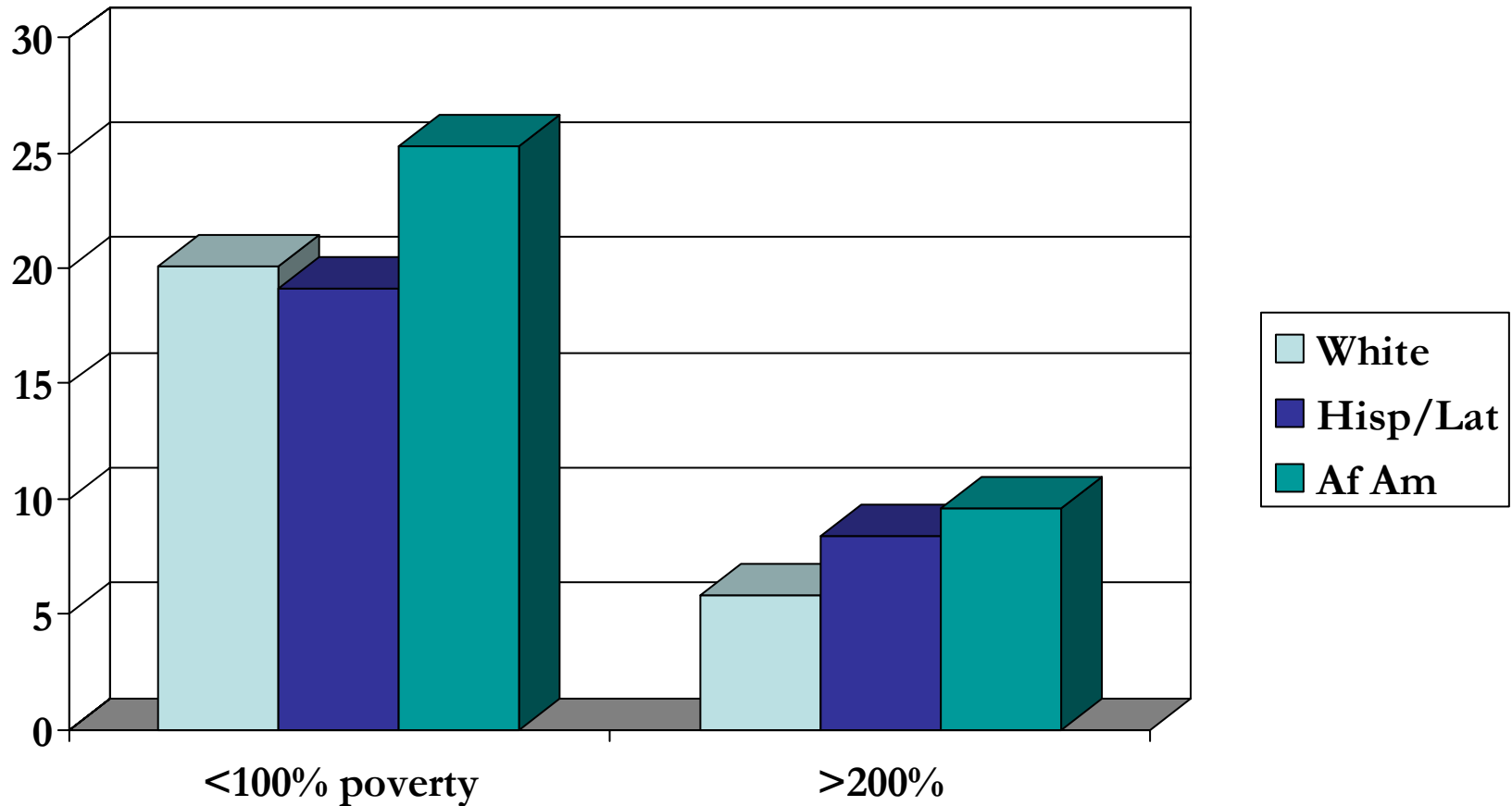


More careful analysis of subpopulations

- Ann Surg Oncol. 2006 Jul;13(7):977-84.
Epub 2006 May 18
- Study of subpopulations of Asian American/Pacific Islander
- “found disparities in the management of early-stage breast cancer among AAPI women, particularly among Japanese and Filipinos”

Fair to Poor Health, income comparisons

National Health Interview Survey, 2000

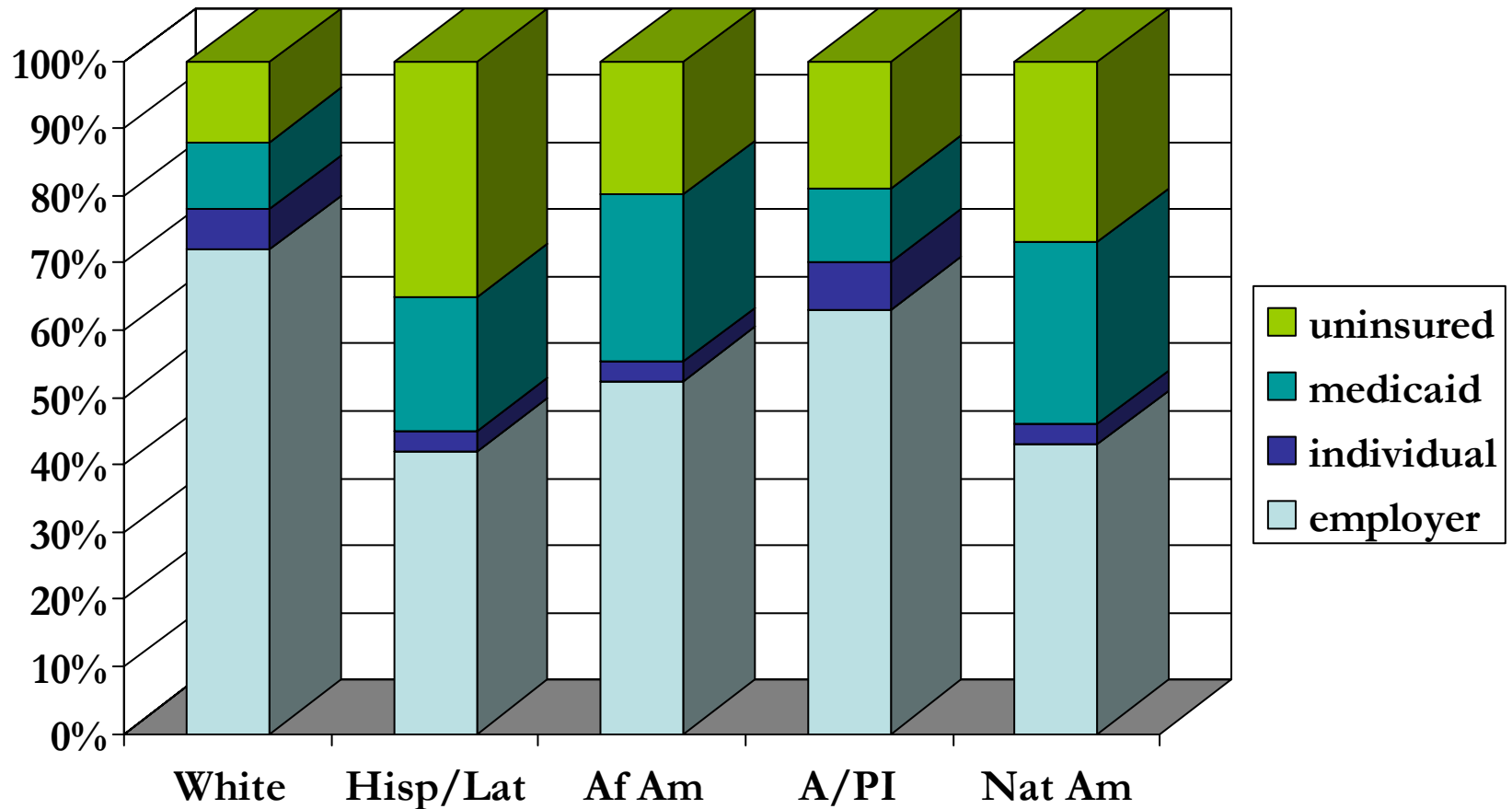


Health Insurance Status by race/ethnicity

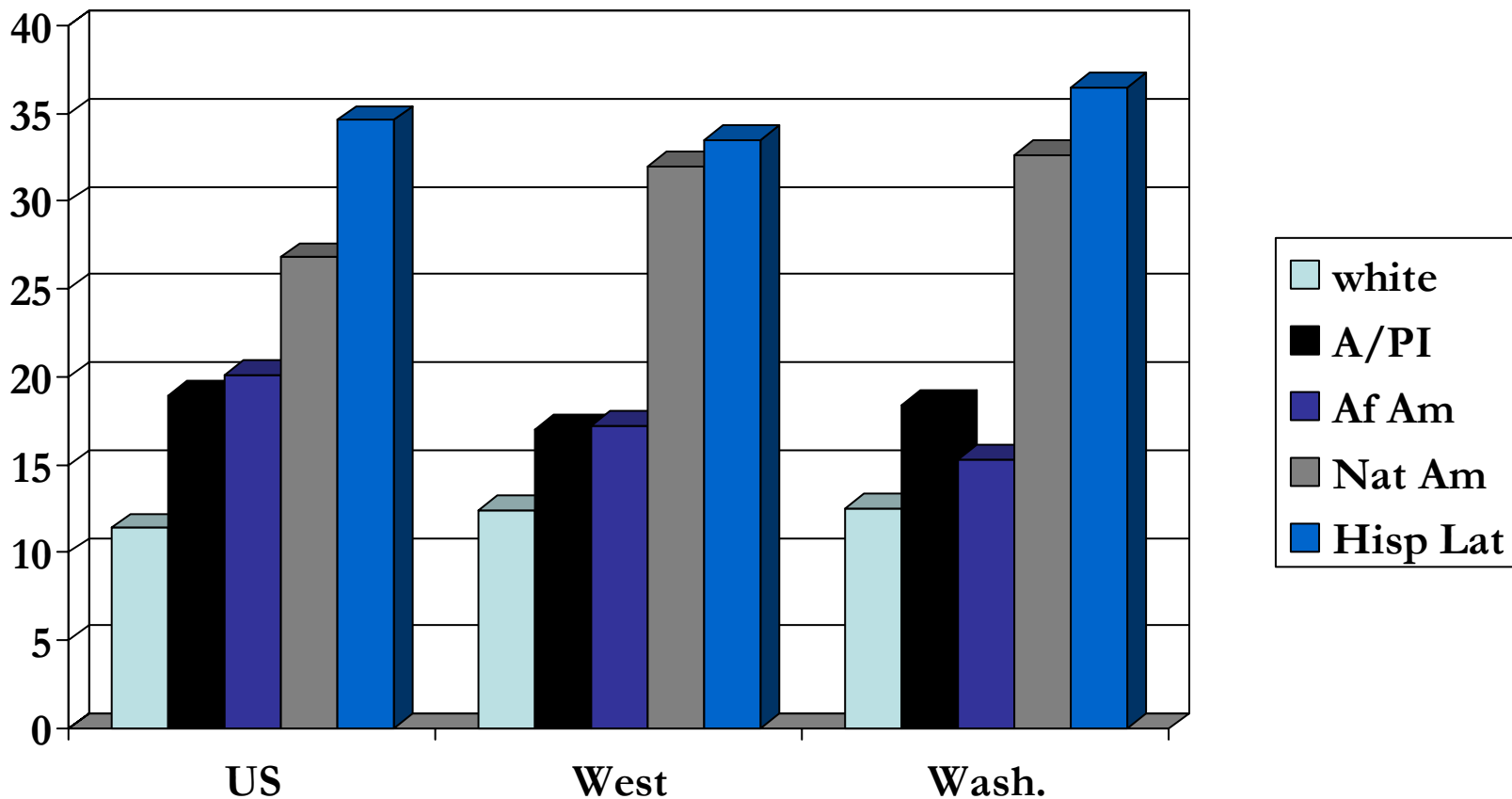
- People of color are more likely to be underinsured or uninsured
- Differences in coverage are partially explained by differences in income, type of employment and eligibility for support
- Income does not totally account for differences in coverage across racial/ethnic lines

Insurance Status 2001

Kaiser Commission on Medicaid and the Uninsured 2003

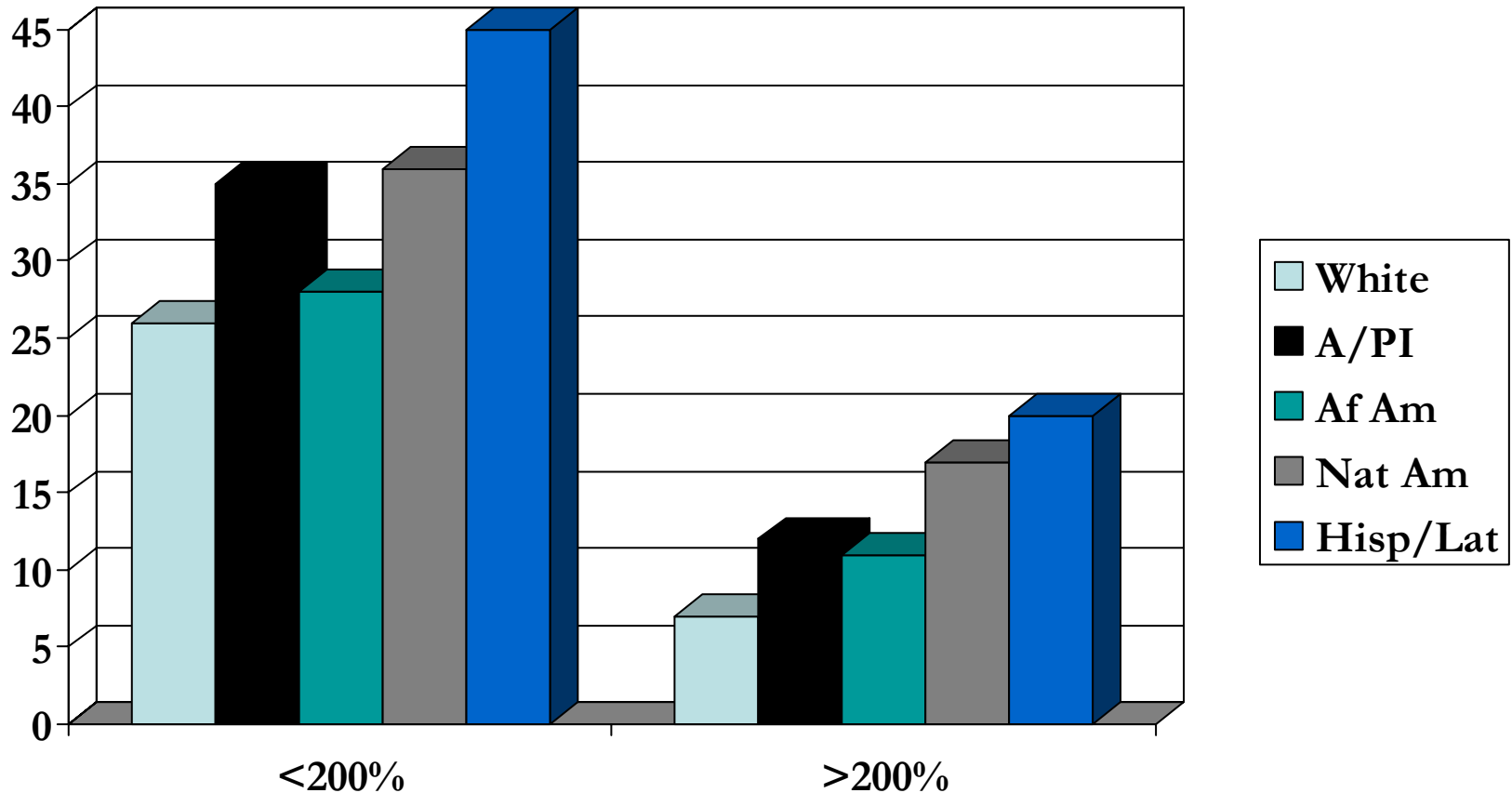


Uninsured rates, 2000-2001, regional variation



Uninsured Rates and Income, 2001

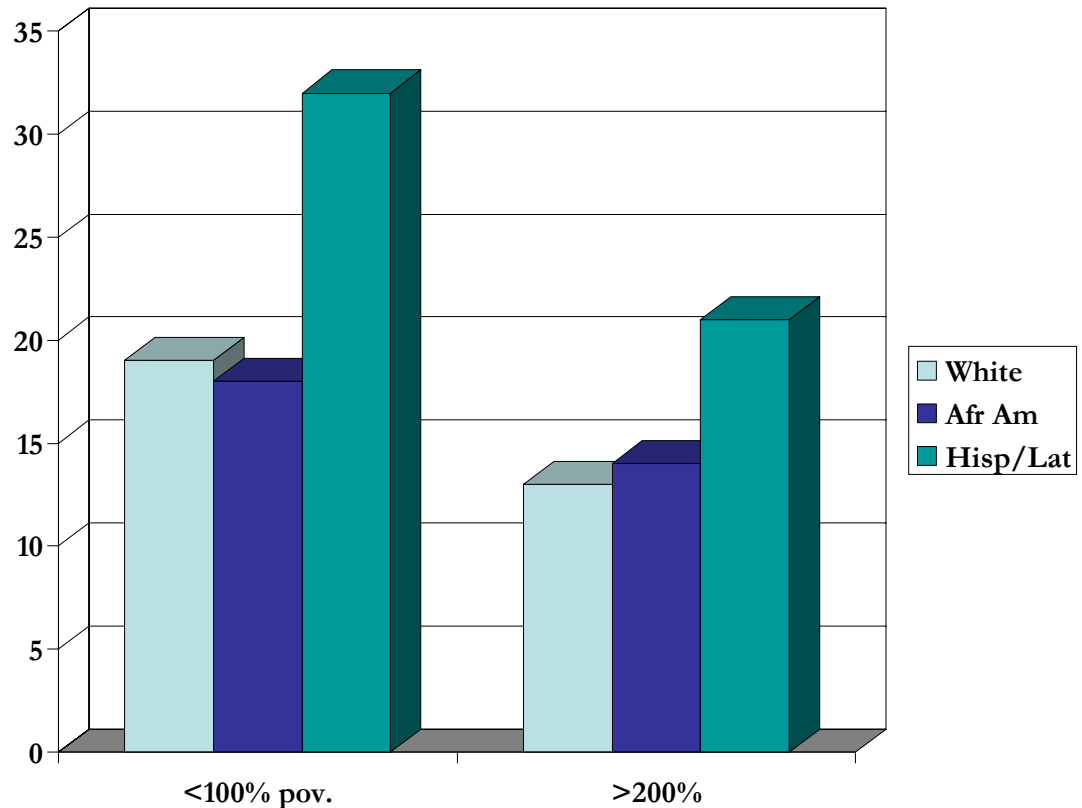
Kaiser Commission Report 2003



No health care visits in the past year, 2000

National Health Interview Survey, 2000

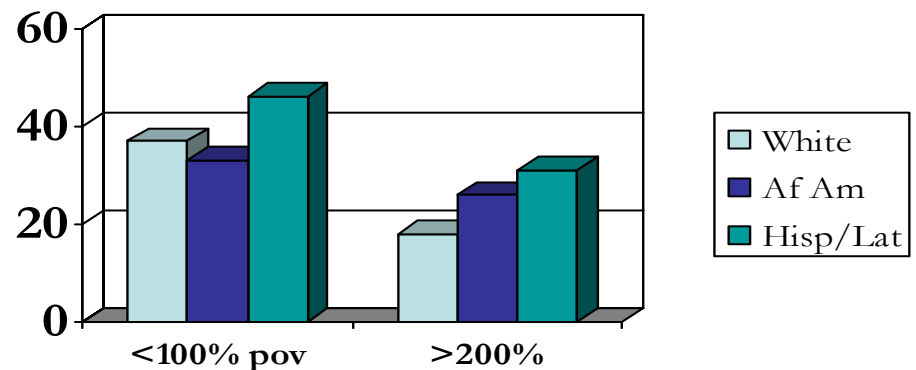
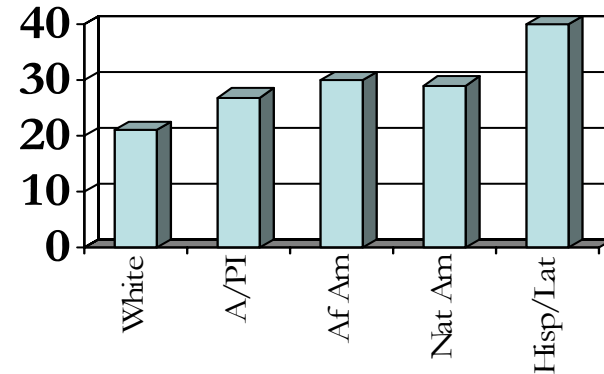
- Across income lines, health care visits in the past year tend to be comparable for African Americans and Whites; but tend to remain disparate for Hispanic/Latinos



No Dental Visits in the past year, 2000

National Health Interview Survey, 2002

- Dental check up rates among 2-17 year olds
- Racial disparities increase as income increases among some minorities
- Regardless of race, poverty decreases dental check up rates.

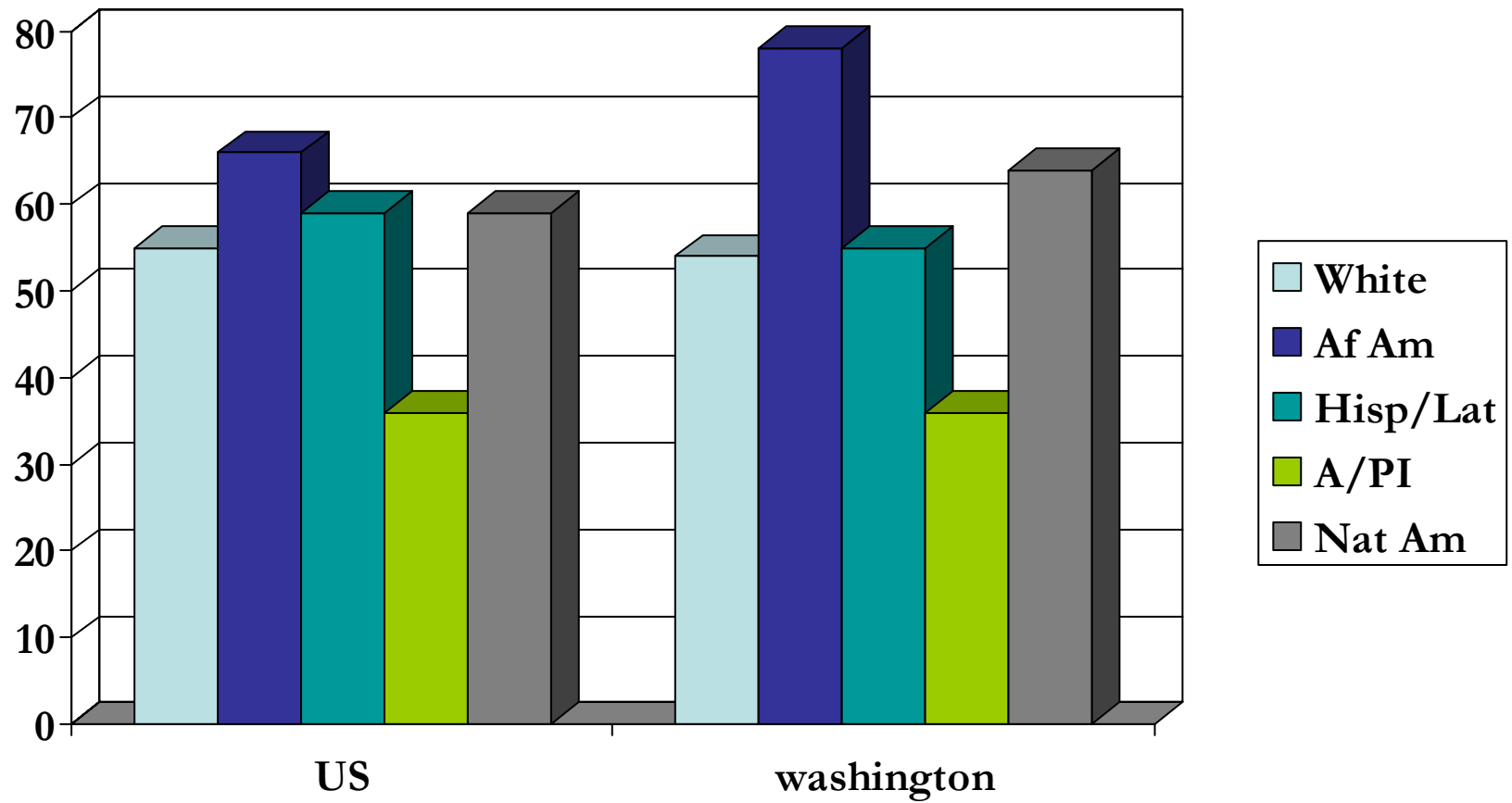


Asthma Health Care Use and Outcomes

CDC, NCHS data 2003, hospital surveys, President's Initiative on Race chartbook 2001

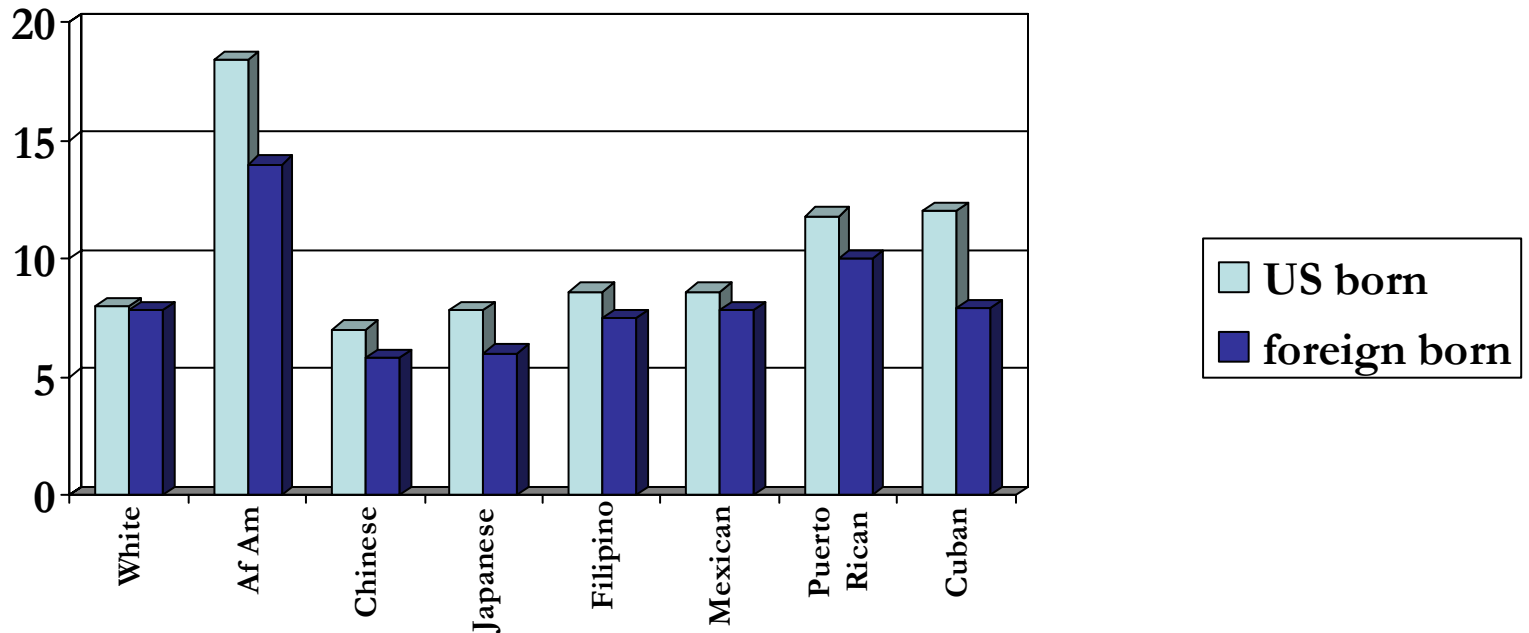
- In 2001 9% of all children had asthma (doubled since 1980)
- Washington is tied for 6th place
- ED visits per 1000 population: 5.9 for Whites vs 13.3 for African Americans
- Hospitalizations per 1000 population: 1 for Whites vs 3.2 for African Americans. (1989-1991 data for children ages 1-14)
- Mortality per 100,000: 1.3 for Whites vs. 4.0 for African Americans

Overweight is more prevalent and more severe at all ages for African Americans, Native Americans and Hispanic/Latinos



The US is bad for your health

- Infant mortality per 1000 live births, 1985-1987
- Singh and Yu 1996



Areas of healthcare delivery that have evidence of discrimination

- Cancer
- Mental Health Services
- Cardiovascular Disease
- Diabetes
- HIV/AIDS
- Children with special needs
- Many more

Cancer Detection

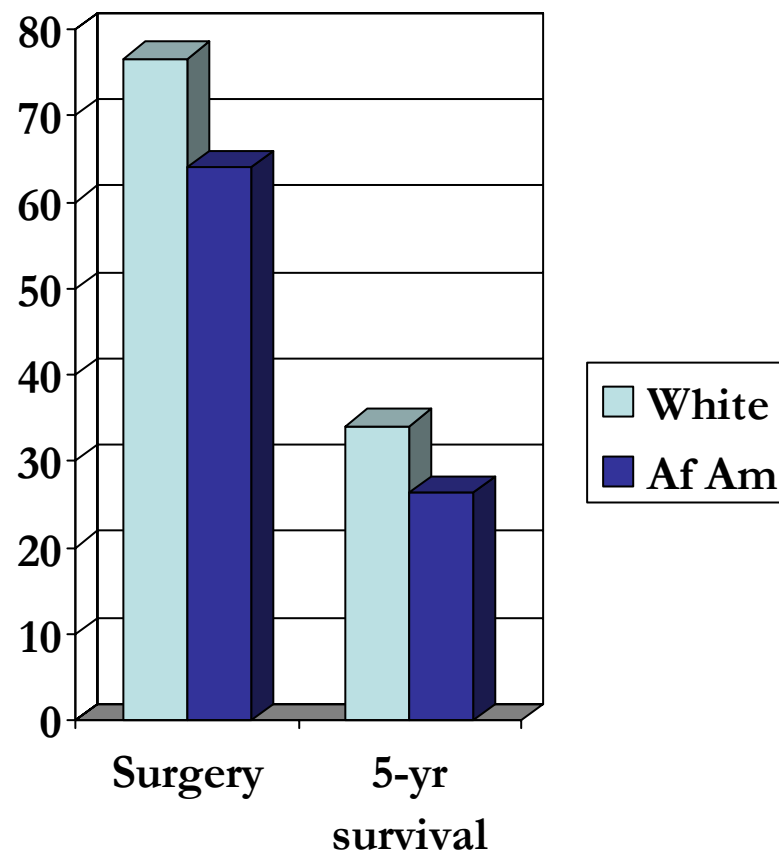
American Cancer Society, Facts and Figures 2003

- Cancer is the first or second leading cause of death in adults of all races
- African Americans are more likely to develop and die from cancer than any other group
- Differences in screening and treatment exist even after accounting for access to care
- Screening has generally increased
- Latina, Asian/Pacific Islander, and American Indian/Alaska Native women have lower rates of screening for breast and cervical cancer
- Despite comparable screening rates, African American women get different treatment and have higher mortality rates if cancer is diagnosed

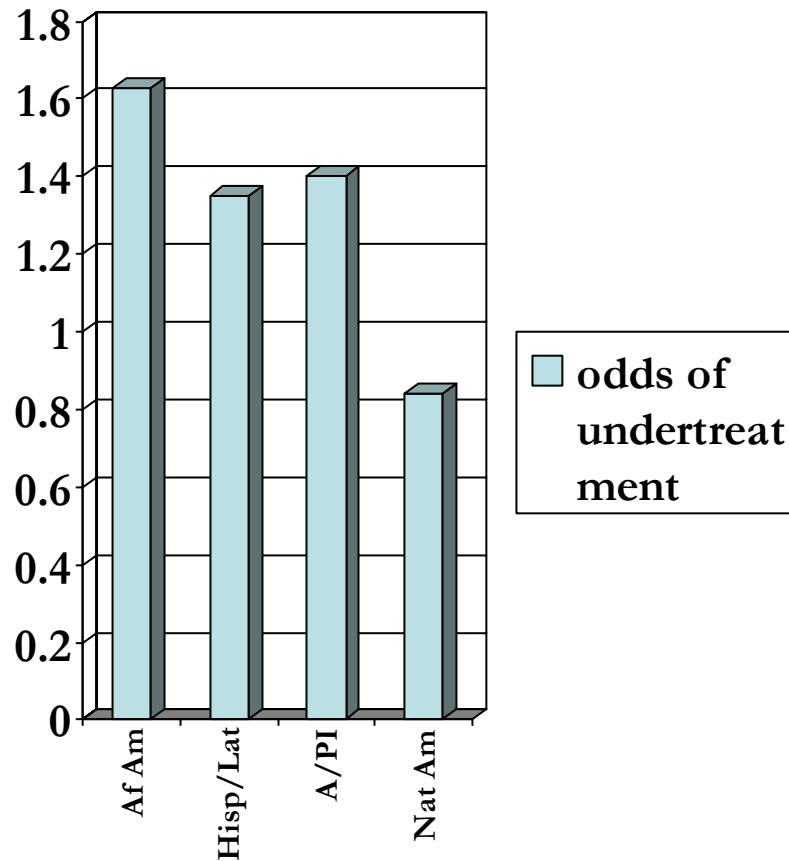
Cancer treatment among Medicare patients, 1985-1993

Bach et al, 1999

- Early stage lung cancer
- After adjusting for age, sex, median income in area of residence, stage of illness, African American patients were 1/2 as likely as whites to undergo surgery ($O > R = 0.54$)



Untreated Daily Pain Among Elderly Nursing Home Residents with Cancer, Bernabei et al. 1998



- 5 state study
- Cancer patients whose Medicaid coverage included pain meds.
- Among residents with daily pain complaints.
- Adjusted for: age, sex, activity level, cognitive impairment, depression, marital status and medical condition
- 1=equally likely as whites to be treated for pain with medication
- >1=more likely to be under-treated for pain
- African American population's numbers reached statistical significance

Emergency Room Care

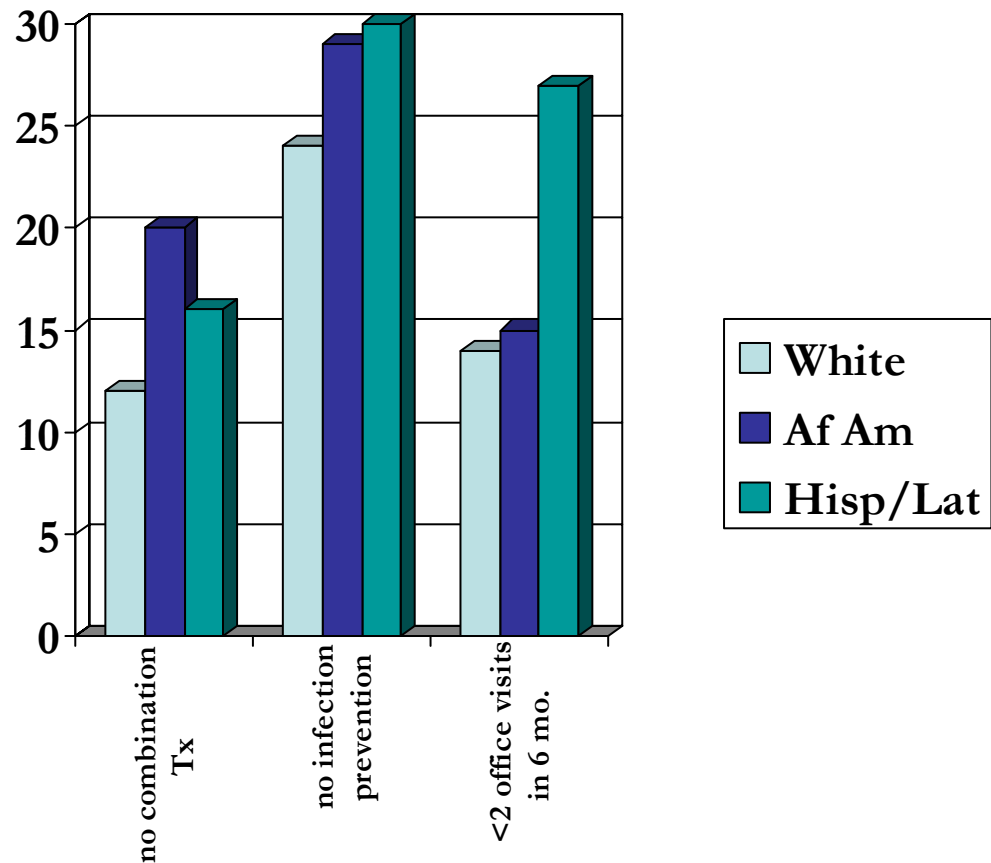
Pediatric Emergency Care Applied Research Network, 2003

- Review of treatment received by children in 25 ED's over 10 days in 2003
- Among 181 with leg or arm fractures, Caucasian children received pain medication 2.3 times as often as African American kids
- 635 asthmatics; Caucasians received preventer prescriptions twice as often as African American children
- African Americans with burns, fractures, head injuries or poisonings were 3 times as likely to get a social work referral

HIV/AIDS

HIV Costs and Services Utilization Study 1996 and 1998 follow up

- African Americans and Hispanic Latinos account for 68% of new AIDS cases
- Delays in care after diagnosis are largely accounted for by transportation challenges, being too sick, competing needs



Discrimination in other aspects of life impact health also

- Mortgage lending: Federal Reserve Board Studies show African Americans are 60% more likely (after appropriate controls) to be denied a loan and pay 1/3% more in interest. (Ladd, Journal of Economic Perspectives, 1998)
- HUD audits: African Americans are shown fewer options, get worse credit assistance, offered less favorable rental terms
- Employment discrimination

Pulling the data together

- 1999 – Congress asked the Institute of Medicine to assess the medical evidence
- Over 600 articles initially examined
- Over 100 studies included
- These studies held constant insurance, income, severity of disease, patient preferences, appropriateness of procedures age and gender

Institute Of Medicine study report 2002

- “The study committee was struck by the consistency of research findings: minorities are less likely than whites to receive needed services, including clinically necessary procedures”.
- “Disparities occur in clinical services that are equally effective for all groups. Differences in patient attitudes cannot explain the disparities in healthcare”

Institute Of Medicine study report 2002

- Disparities exist due to:
 - Patient preferences
 - Systematic barriers
 - Clinical encounter factors

Patient Preferences

IOM Study Report

- Complex dynamics between the healthcare system and some ethnicities
- Influenced by collective memory and cultural experiences
- Influenced by all factors that affect health outcomes

Systematic Barriers

IOM Study Report

- Language barriers
- Fragmentation
- Cost containment incentives
- Where care is received

Clinical Encounter Factors

IOM Study Report

- Increasing degrees of uncertainty lead to stereotyping
- Time constraints lead to summary judgements

Clinical Encounter Factors

IOM Study Report

- Bias and stereotypes
- “There is considerable empirical evidence that even well-intentioned (health providers) who do not believe they are prejudiced demonstrate unconscious implicit negative racial attitudes and stereotypes”
- They can also cause self-fulfilling prophecies in social situations

Discrimination is felt

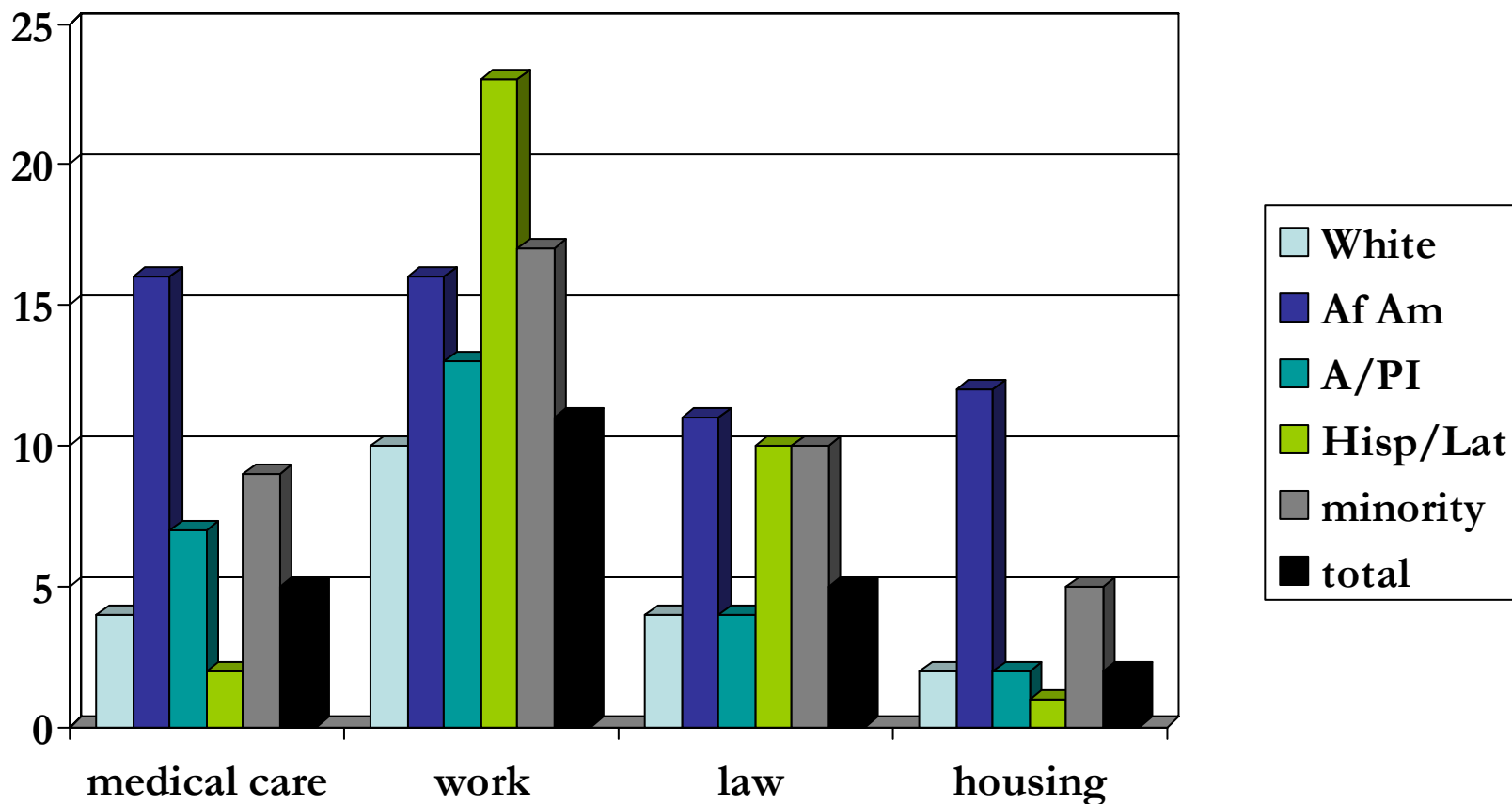
- Almost $\frac{1}{4}$ of African Americans and $\frac{1}{6}$ of Hispanic/Latinos feel they would get better care if they were another race. Hogue and Hargraves, *Minority Health in America*, 2000
- Both groups deeply distrust genetic research
- Minority patients mistrust most often because of the treatment they receive

Discrimination is felt in Seattle

- 1996 survey by Public Health – Seattle & King County
- Central Area: 29% of African Americans reported experiencing discrimination based on race when seeking healthcare
- Higher among higher SES African Americans than impoverished
- Compares to 3% across all races in King County

PHS&KC's Follow Up Report

January 2001



PHS&KC's Follow Up Report

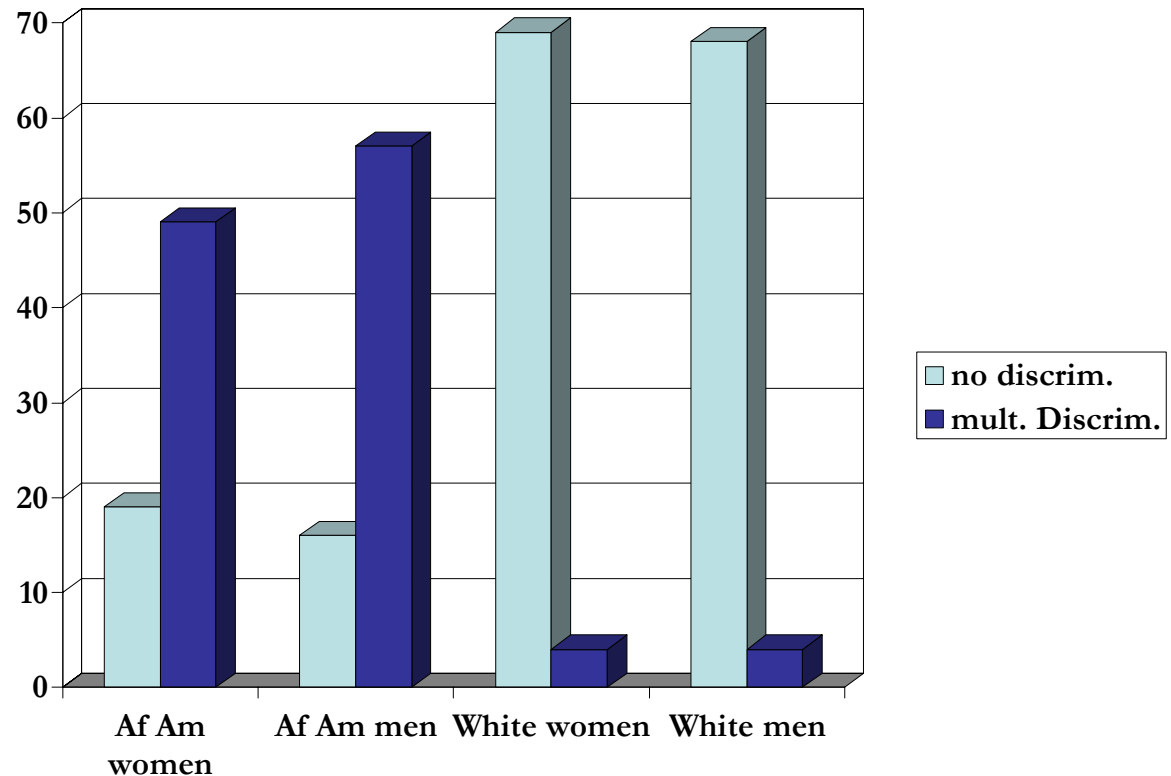
January 2001

- Interview Project
- Interviewees averaged 1.4 events per person
- Events were recent
- Events took place at nearly 30 different health care facilities

Percent of Blacks vs. Whites reporting racial discrimination

(Anderson, CARDIA Study, 1993)

- Areas of discrimination: school, employment, housing, medical care, in public, from law enforcement



Internalized Discrimination Affects Health

- Among African American boys perceived racism was associated with increased hopelessness, decreased self concept. Nyborg, J Clin Child Adolesc Psychol, June 2003
- Among American Indian adults, perceived racism was associated with depressive symptoms. Whitbeck, J Health Soc Behav, Dec 2002
- Workplace discrimination among African Americans impacted subsequent health. Pavaiko, J Health Soc Behav, Mar 2003

Internalized Discrimination Affects Health Seeking

- Minorities in Seattle are more likely to delay or avoid seeking health care PHS&KC Special Report, Jan 2001
- African Americans were 37% less likely to trust their physicians. They were more likely to be concerned about privacy and the potential for harmful experiences in hospitals

Local Focus Group Project

- Culturally Competent Care Project
- 2004-2005
- Focus groups from Harborview and OBCC
- Hispanic group, African group, Chronic Disease Group, Teen group, African American group
- Community clinic focus groups
- Hospital focus groups

Focus group outcomes

- Families generally very positive about the technical level of care
- Concerns included:
 - Hospital navigation
 - ED waiting process
 - Minimal communication when LEP, challenges with interpreter system
 - Professionals' communication skills and cultural competency

Sample comments

- ‘great institution’
- ‘hard to get to, long waits’
- ‘nothing awful, except that they don’t always listen to patients or pay attention to their culture or background’
- ‘we expect discrimination, it’s a part of life’
- Class issues with interpreters is a problem
- ‘I delay going because I fear being deported’

The message behind the bars and graphs

- Health outcomes differ by race
- Many factors are inter-related and contribute to these differences
- One of them is institutionalized racism
- Discrimination affects health

Strategies

- Awareness
- Cross-cultural training
- Standardized data collection
- Race and ethnicity data collection
- More research among more ethnicities
- Clinical practice guidelines
- Enhanced language services
- Diversity in the workforce

Culturally and Linguistically Appropriate Services (CLAS) in health care

National Standards
for CLAS, HHS Office of Minority Health, March 2001

- Develop a consensus on core competencies
- Conduct research to connect behaviors to health outcomes
- Expand efforts to expand the pool of minority health professionals
- Develop a consensus for teaching students
- Collect information about model programs
- Provide appropriate resources
- Develop standards for interpreter skills

Culturally and Linguistically Appropriate Services (CLAS) in health care

National Standards
for CLAS, HHS Office of Minority Health, March 2001

- Develop standards for translated materials
- Create toolkits for strategies, policies, time-tables, and goals
- Develop resource databases
- Involve ethnic communities in program development
- Validate self-assessment tools
- Collect race, ethnicity and language data
- Continuously gather community needs-assessment data
- Incorporate cultural issues into ethics consultative services

Culturally and Linguistically Competent Care

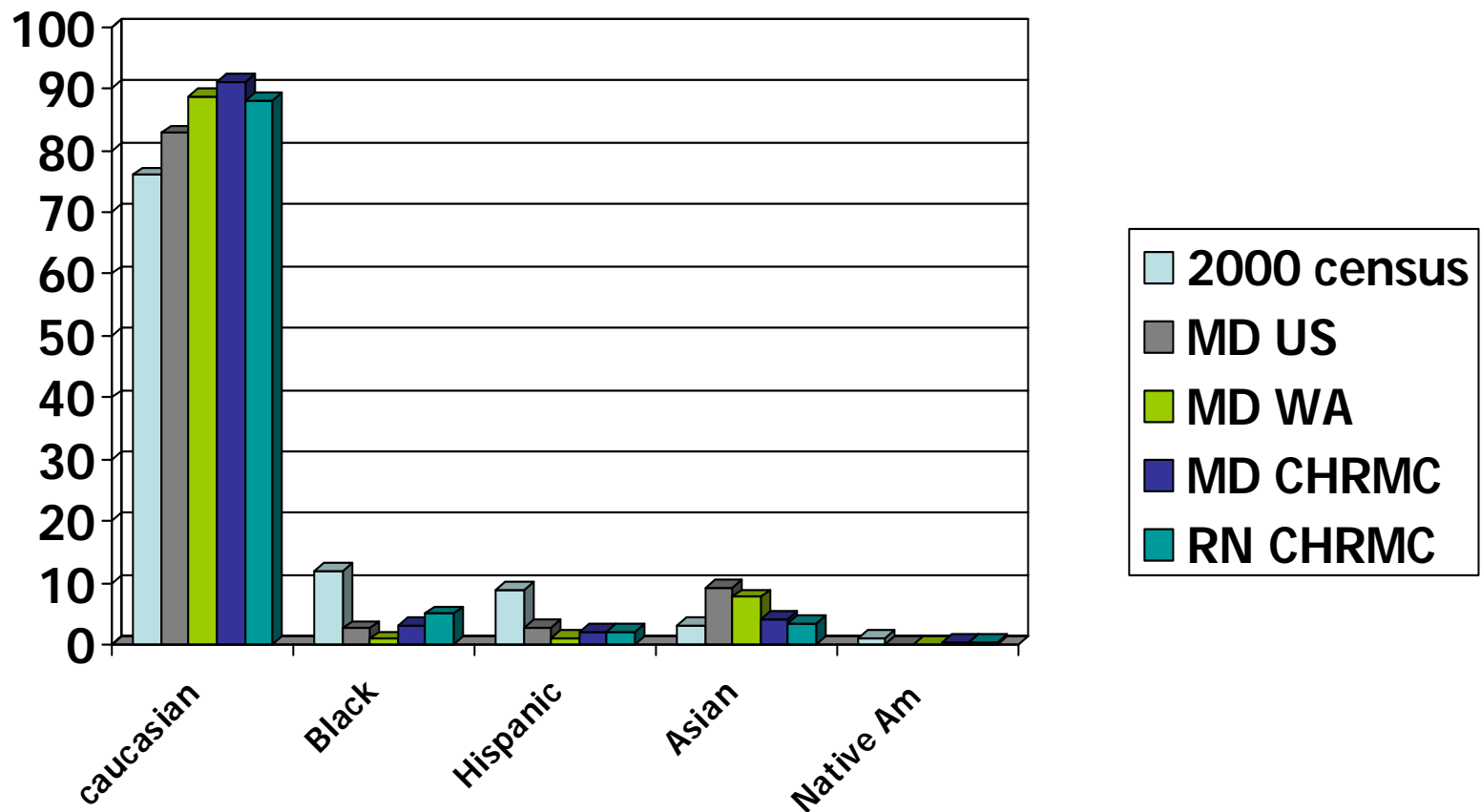
National Center for Cultural Competence

- Mission statement
- Policies and procedures
- Structural support
- Review systems
- Staff recruitment, hiring and retention policies
- Professional development
- Staff training
- Job descriptions
- Fiscal support
- Service demographic monitoring systems
- Health belief gathering systems
- Communication/language resources
- Outreach for lower-literacy populations
- Contracting and service agreements

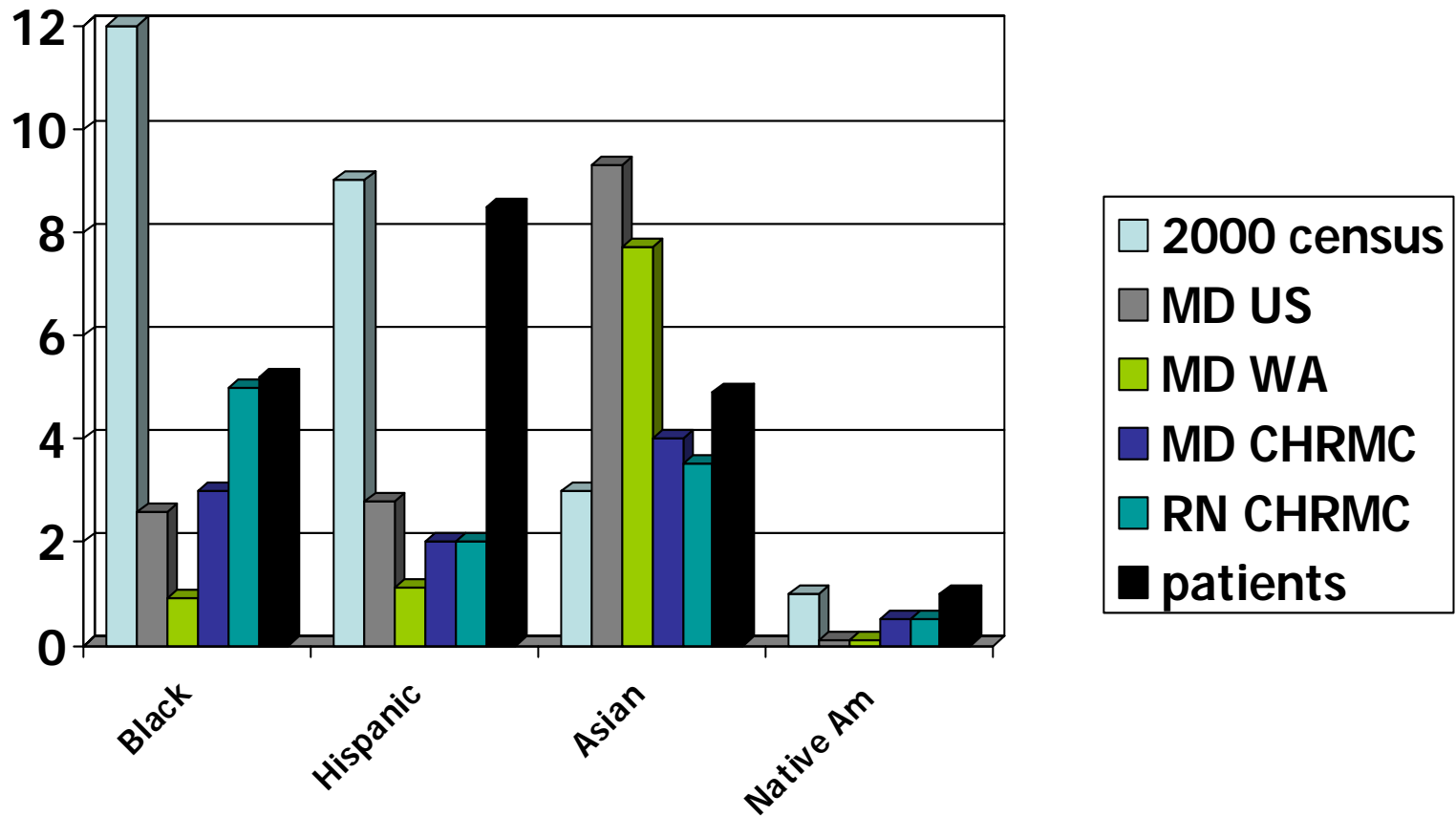
Bringing Diversity to the table

- “If every time you call a meeting everybody looks like you, thinks like you, wants to be like you, then you probably are at the wrong meeting.”
- Michael Bird, Director, National Native American AIDS Prevention Center

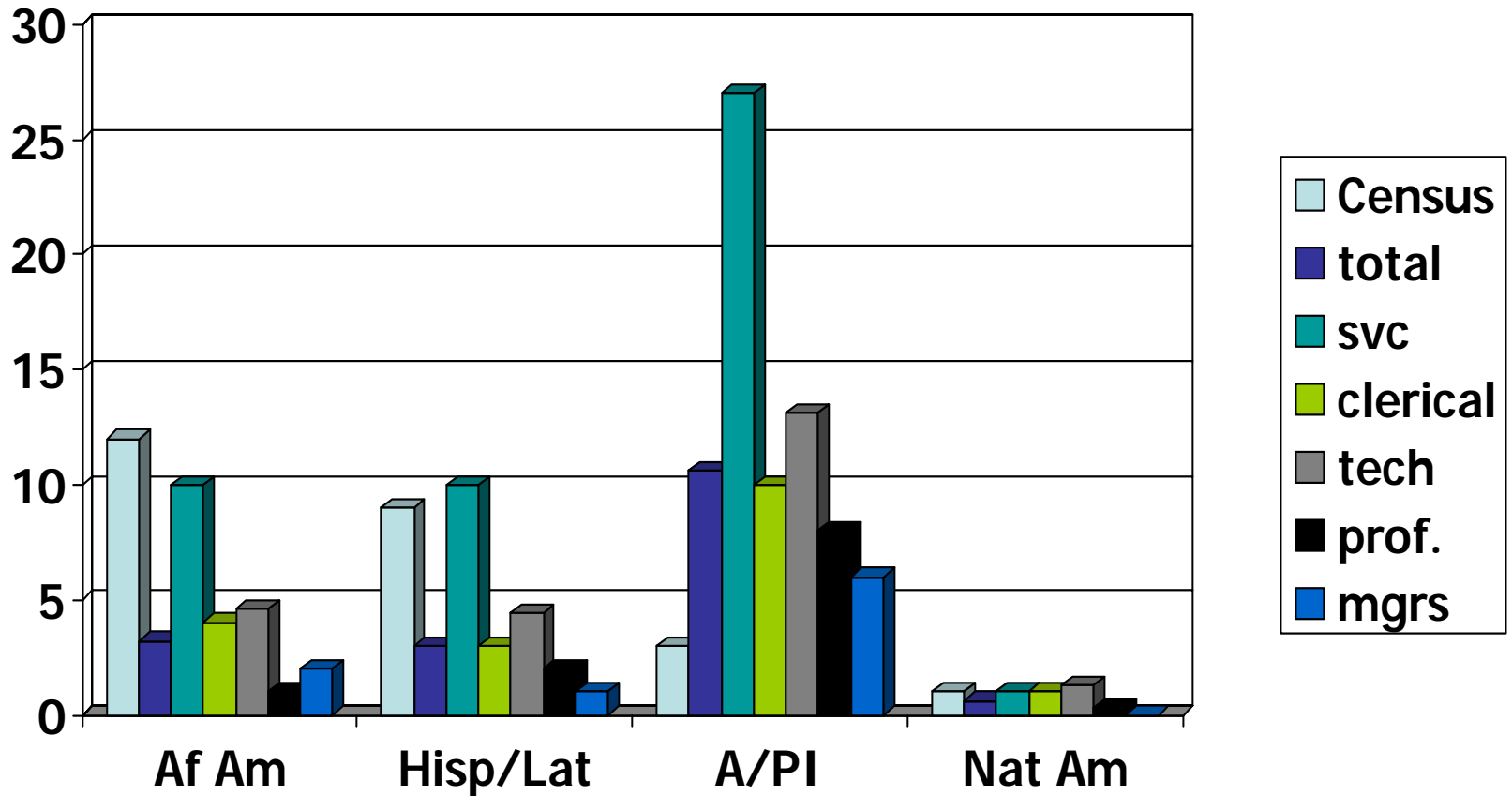
Ethnic distribution of health professionals relative to census data



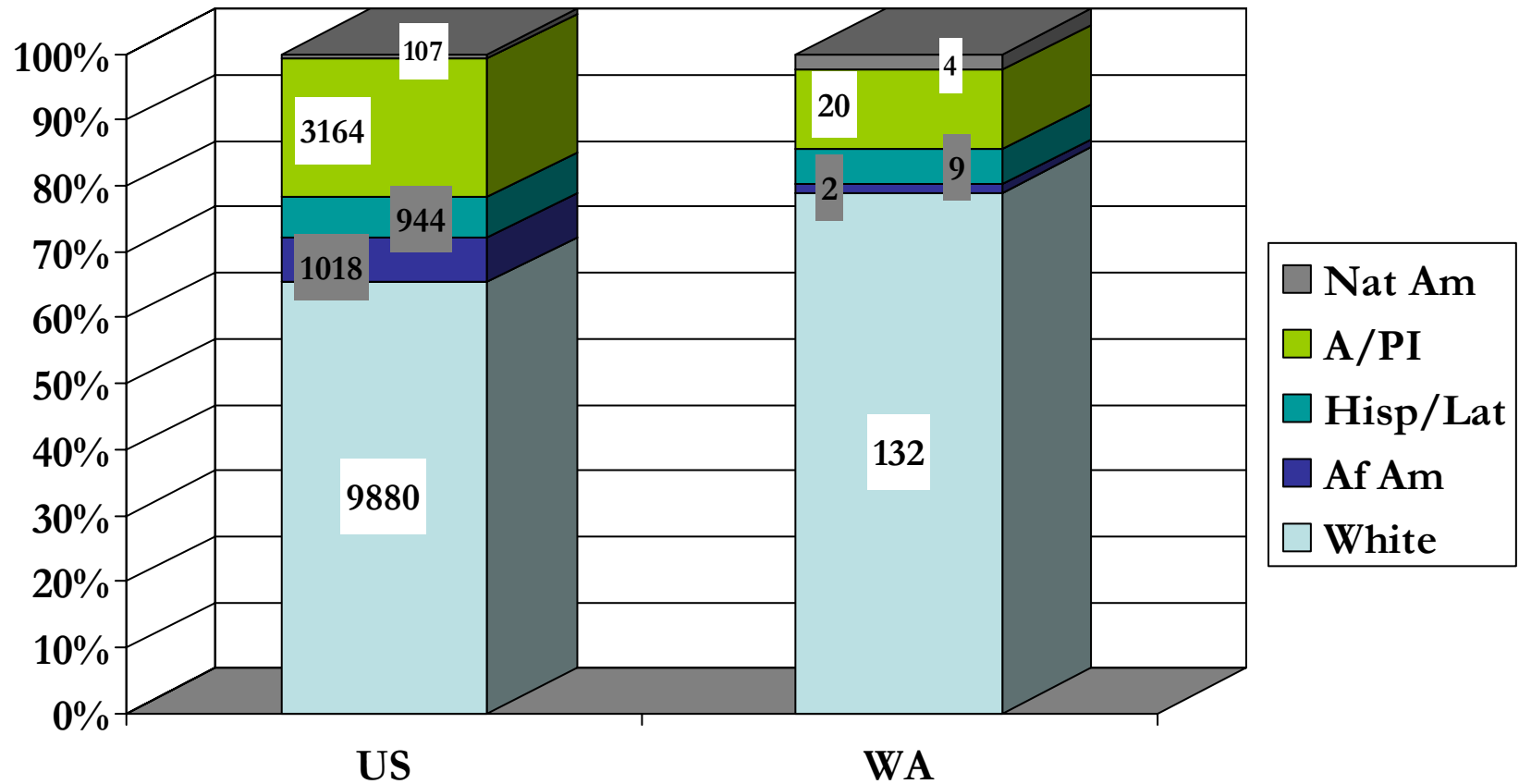
Ethnic distribution of health professionals relative to census data



CHRMCM Staff Ethnicity Data



Medical School Graduates



Good ideas don't always have good outcomes

- Circulation. 2005 Mar 15;111(10):1257-63
- “public release of quality information through report cards is intended to improve health care”
- “The release of CABG report cards in New York was associated with a widening of the disparity in CABG use between white versus black and Hispanic patients”
-